



# HEALTH QUARTERLY STATEMENT

As of September 30, 2001  
of the Condition and Affairs of the

## Aetna U.S. Healthcare Inc. (a Maine corporation)

NAIC Group Code..... 1,     1  
(Current Period) (Prior Period)

NAIC Company Code..... 95517

Employer's ID Number..... 01-0504252

Organized under the Laws of ME

State of Domicile or Port of Entry     ME

Country of Domicile     US

Licensed as business type

Life, Accident & Health [ ]    Property/Casualty [ ]    Health Service Corporation [ ]  
Dental Service Corporation [ ]    Vision Service Corporation [ ]    Other [ ]  
Health Maintenance Organization [ X ]    Is HMO Federally Qualified? Yes [ ]    No [ X ]

Date Incorporated or Organized..... October 3, 1995

Date Commenced Business..... April 10, 1996

Statutory Home Office

One Monument Square, 4th Floor..... Portland ..... ME ..... 4101  
*(Street and Number)                      (City or Town, State and Zip Code)*

Main Administrative Office

980 Jolly Road, P.O. Box 1109..... Blue Bell ..... PA ..... 19422  
*(Street and Number)                      (City or Town, State and Zip Code)*

800-872-3862  
*(Area Code) (Telephone Number)*

Mail Address

980 Jolly Road, U14C, P.O. Box 1109..... Blue Bell ..... PA ..... 19422  
*(Street and Number or P. O. Box)                      (City or Town, State and Zip Code)*

Primary Location of Books and Records

980 Jolly Road, P.O. Box 1109..... Blue Bell ..... PA ..... 19422  
*(Street and Number)                      (City or Town, State and Zip Code)*

800-872-3862  
*(Area Code) (Telephone Number)*

Internet Website Address

www.aetna.com

Statement Contact

James David Weiss  
*(Name)*  
*AUSHC.HMOReporting@aetna.com*  
*(E-Mail Address)*

215-775-6508  
*(Area Code) (Telephone Number) (Extension)*  
*215-775-6790*  
*(Fax Number)*

### OFFICERS

President     Mary Claire Bonner

Treasurer     David Charles Smyk

Secretary     Gregory Stephen Martino

### VICE PRESIDENTS

Steven Jay Sigal

Paul Jeremiah Selian

James David Weiss

Alicia Helene Bolton

Wayne Sedrick Rawlins #

### DIRECTORS OR TRUSTEES

Mary Claire Bonner

Daniel Richard Fishbein

Wayne Sedrick Rawlins #

State of..... Pennsylvania  
County of..... Montgomery

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)

Mary Claire Bonner

(Printed Name)

President

(Signature)

Gregory Stephen Martino

(Printed Name)

Secretary

(Signature)

David Charles Smyk

(Printed Name)

Treasurer

Subscribed and sworn to before me this  
.....day of ....., 2001  
.....